Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

	<u>A</u>	For the	2011 cale	endar year, or tax year beg	ginning	May 1	, 2011,	and endin	g Ap	ril 30	, 20 12		
	В	Check if	applicable:	C Name of organization Holi	iness Pi	lgrim Church Inc				D Employ	er identification n	umber	
		Address	change	Doing Business As							35-1785546		
		Name ch	nange	Number and street (or P.O.	box if ma	is not delivered to stre	et address)	Room/su	te	E Telepho	ne number		
		Initial ret	um	PO Box 658							812-247-2063		
		Terminat	ted	City or town, state or count	ry, and ZII	P+4							
		Amende		Shoals IN 47581						G Gross r	eceipts \$	232,011	
	_		on pending	 	pal officer	same as C abov	e		H(a) is this	ns a group return for affiliates? Yes V No			
			,	·	•					e all affiliates included?			
	1	Tay-eye	mpt status:	✓ 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	527	_	"No," attach a list (see instructions)			
		Website		Minternational.net	00.(0) (, , , , , , , , ,	<u> </u>		H(c) Groun	oup exemption number ▶			
					Associati	on ☐ Other ▶	LY	ear of format		 	of legal domicile.	IN	
	_	art I	Summ							1 0	or logal dominone:		
Briefly describe the organization's mission or most significant activities:													
	62	Collect finds for Haiti/Dominican Republic/Ukraine											
	паг	}			<u>:-pabo</u>								
	Ver	2	Check th	is box ▶☐ if the organi	zation d	iscontinued its one	erations or o	lisposed o	f more than	25% of	ite net secote		
	Go	3		of voting members of th		· ·		•				9	
	<u>مح</u>	A .		of independent voting m	-		•					9	
	Activities & Governance	5		nber of individuals empl				•					
	Ϊ	6		nber of volunteers (estin	-	-	•	•		6		3	
	Ac	7a		elated business revenue		• • •				7a			
		b		lated business taxable in						7a 7b		N/A	
			INEL UITE	iated business taxable ii	ICOITI C I	101111 01111 990-1, 11	116 04	' 	Prior Ye		Current Y		
		8	Contribus	tions and grants (Part VI		235,462		232,011					
	Revenue	9		service revenue (Part VI		•				200,402		0	
	Š	10		ent income (Part VIII, coli				L		0			
	æ	11		venue (Part VIII, column		•		_					
		12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)								232,011	
		13		nd similar amounts paid						235,462 137,476		91,385	
		14		paid to or for members		0		0.,000					
	m	15		other compensation, emp		• • •		_		0		7,790	
~	=xpenses	16a	-	onal fundraising fees (Pa	•	•	, ,,	· -		0		- 1,750	
2012	De l	ь		draising expenses (Part				0					
	M	17		penses (Part IX, column			e)			113,030		132,836	
		18		penses. Add lines 13-17			-	5,		250,506		219,350	
<u>es</u>		19	-	less expenses. Subtrac	•	•		" ·		(15,044)		12,661	
NO.	- B		HOVOITGO	Too oxponoco. Cabildo	11110 10	, 110/11 1110 1 <u>2</u>	<u> </u>		leginning of Cu		End of Ye		
	sets or alances	20	Total ass	sets (Part X, line 16)				-	-	30,125		42,786	
	Ass	21		pilities (Part X, line 26)				'		00,12.0	· · · · · · - · -	0	
	ᇎ	22		ts or fund balances. Sub				'		30,125		42,786	
\$	Pa	art II		ture Block	31. QQ1	.02111011111020		· . • . • I				12,700	
SCANNED	_			ry, I declare that I have examin	ned this re	turn, including accompa	nvina schedule	es and stater	nents, and to t	he best of a	my knowledge, and	helief it is	
				lete. Declaration of preparer (of							, iliouilougo une	bonon, it is	
20				amy La Follette		· · · · · · · · · · · · · · · · · · ·		_		5	119/12		
	Sig	ın	Sign	nature of officer					Da		7.110		
	He			Amy LaFollette,	Spare	tory Tropsure	-						
			Тур	e or print name and title	5 (-0.0)	ice y 1 1700u. G							
	<u> </u>	: -1	Print/Ty	pe preparer's name		Preparer's signature		Da	te	Charle	PTIN		
	Pa		_							Check self-em			
		epare		name •			-	L	Firm	n's EIN ▶			
	US	e Onl	y	address >						one no			
	Ma	y the IF		s this return with the pre	parer s	hown above? (see	instructions)			Ye:	s No	

Form **990** (2011)

Part	
1	Check if Schedule O contains a response to any question in this Part III
	Collect funds for Haiti/Dominican Republic/Ukraine
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 59,247 including grants of \$ 0) (Revenue \$ 0)
	HPC provided ministerial assistance to preachers and missionaries in Haiti, Dominican Republic, and Ukraine.
	In Haiti, a small monthly stipend was provided for 55 Haitian preachers and 9 leaders in their church organization. A total of 305 preachers work with HPC.
	In the Dominican Republic, a small monthly stipend was provided for a field director. Nine additional preachers work with HPC.
	In Ukraine, designated funds were forwarded to one American missionary on the field. One Ukrainian preacher was given a small monthly stipend.
4b	(Code:) (Expenses \$
	HPC provided educational assistance to teachers and missionaries in Haiti and Ukraine.
	In Haiti, HPC assisted 75 schoolteachers with a small monthly stipend. A total of 445 teachers work with HPC.
	A book to aid in teaching Biblical doctrine was made available in the Creole language.
	In Ukraine, minimal assistance was given to help with a weekly Bible club and a weekly youth night.
4c	(Code:) (Expenses \$including grants of \$0) (Revenue \$0)
	HPC provided funds to help underwrite the costs of three annual conventions in Haiti.
	HPC provided funds to help underwrite the costs of two conventions in the Dominican Republic.
	HPC provided funds to help underwrite the costs of an annual youth camp in Ukraine.
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ 118,401 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 219,350

Form **990** (2011)

Part	V Checklist of Required Schedules			
			Yes	No
1 、	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			<u>,</u>
	Part III	5		Ľ.
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		V
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		<i>y</i>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	1	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15	1	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		1
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-

Part I	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		· /
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ √
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<i>,</i>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	.,,	1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

orm 99	90 (2011)		!	Page !
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	· ·	
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	-} .		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ļ _. .		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_		<u> </u>		,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
h	organization solicit any contributions that were not tax deductible?	6a		V
b			Ì	
7	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
_	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:]	}	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources]]	}	
	against amounts due or received from them.)]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
_	Enter the amount of reconnes on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.				
Secti	Check if Schedule O contains a response to any question in this Part VI	<u>···</u>		. ✓				
	·		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	√					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓				
5								
6 7a	Did the organization have members or stockholders?							
b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?	8b	1					
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		1				
11a								
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		<u> </u>				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		✓				
14	Did the organization have a written document retention and destruction policy?	14		✓				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		√				
Ь	Other officers or key employees of the organization	15b		✓				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16a		V				
	organization's exempt status with respect to such arrangements?	16b						
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed ► N/A Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)				
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,				
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Amy LaFollette, 11259 Hilltop Honey Rd, Shoals, IN 47581 812-247-2063	of the						

	(2011)	

Page 7

								•
Part VII	Compensation of Officers	Directors,	Trustees,	Key Employ	ees, Highe	st Compensated	Employees,	and
	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A)	(B)	(do n	ot ct		ition	e than o	000	(D)	(E)	(F)
Name and Title	Average	box,	unies	s pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individua or directo	Officer Institutional trustee Individual trustee or director			Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Stephen Gibson										
American Director	40	✓						16,490	0	0
(2)										
(3) Amy LaFollette Secretary/Treasurer	4			1				0	0	0
(4)	•			Ť						
(5)										
(6)										
(7)								-		
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	, ar	nd H	ighes	st C	ompensated E	mployees (co	ontinued)		
					((
	(A)	(B)	(do n	nt ch	Posi		than o	ne.	(D)	(E)		((F)	,
	Name and title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportable			mated ount of	
		hours per week		_	_		or/trust		compensation from	compensation frelated	ļ	of	ther	
		(describe hours for	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	the organization	organization (W-2/1099-MI		comp	ensatic m the	on
		related	ecto	ution	8	ā	ast c	٩	(W-2/1099-MISC)	(** 2) 1000 1411	55,	orgar	nızatıor	
		organizations in Schedule	3 2	nai ti		loye	Julo		į		-		related ization	
		O)	stee	trustee		•	ens					o.ga.		
				8			ated							
(15)		· · · · · · · · · · · · · · · · · · ·												
(16)														
(17)														
(18)				 										
(19)				 										
(20)			-	-	<u> </u>	-		-						
(21)				\vdash										
(22)				-	<u> </u>	-			{ 		_			
			ļ	_	<u> </u>	ļ		L						·
(23)				L			<u> </u>							
(24)														
(25)														
1b	Sub-total			•	٠.	-		>	16,490					
C	Total from continuation sheets to Part	VII, Section	n A		•	-			0					
d		<u></u>						<u> </u>	16,490					
2	Total number of individuals (including bur reportable compensation from the organization)			hose	e lis	ted	abov	e) w	ho received m	ore than \$10	00,000 c	of		
							_						Yes	No
3	Did the organization list any former of										nsated	_		
_	employee on line 1a? If "Yes," complete							-				3	l	/
4	For any individual listed on line 1a, is the organization and related organizations	Sum of re Greater th	eporta	IDIE 150	COL	npe 12 /	nsauc f "Vo	on e	and other comp complete Sci	bensauon iro hedule .l foi	om me	ļ	i	
	individual											4	1	1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	ensa	tion	n fro	m any	y ur	related organi	zation or ind		5		
Section	on B. Independent Contractors	. 11 100,		7010		100			эдол ролоон	<u> </u>		1 3	1	
1	Complete this table for your five highest	compensa	ted in	dep	enc	lent	conti	ract	ors that receiv	ed more that	n \$100,0	000 o	f	
·	compensation from the organization. Repear.	port compe	ensati	on f	or t	he c	alend	dar	year ending wi	th or within t	he orga	nizati	on's 1	tax
	(A) Name and business add	dress							(B) Description of	services	Co	(C) ompen		
	21/2							\vdash						
	N/A					-		+-						
								+	- 					
2	Total number of independent contractor							o tl	hose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	the o	orga	niza	ation	▶		0					

Part	VIII	Statement of Revenue					
•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ıts	1a	Federated campaigns 1a	o	, ,			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
S, G	С	Fundraising events 1c	0				
ar,	d	Related organizations 1d	0				
imi	е	Government grants (contributions) 1e	0				
tior ar S	f	All other contributions, gifts, grants,					
뀵		and similar amounts not included above 1f	232,011				
dot	g	Noncash contributions included in lines 1a-1f: \$	0				
<u>2</u> <u>E</u>	h	Total. Add lines 1a-1f	▶	232,011			
Program Service Revenue			Business Code				
3ve	2a			0	0	0	0
e A	b			0	0	0	
ζ	С	N/A		0	0	0	0
Sel	d			0	0	0	0
E E	е			0	0	0	0
g	f	All other program service revenue.		0	0	0	0
	9	Total. Add lines 2a–2f		0			
	3	Investment income (including divide and other similar amounts)					_
		· ·		0	0	0	0
	4	Income from investment of tax-exempt be		0	0	0	0
	5	Royalties	(ii) Personal	0	0	0	0
	60		(.,, : :::::::::::::::::::::::::::::::::				
	6a b	Gross rents	0				
	6	Rental income or (loss) 0	0				
	ď	Net rental income or (loss)			_	o	0
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 0	0				
	ь	Less: cost or other basis					
		and sales expenses .	o				
	С	Gain or (loss)	0				
	d	Net gain or (loss)	▶	o	0	0	0
e	8a	Gross income from fundraising					
ē		events (not including \$ 0					
Other Revenu		of contributions reported on line 1c).					
7		See Part IV, line 18 a					
퉂	ь	Less: direct expenses b	0		:		
0	С	Net income or (loss) from fundraising	events . ►	o		o	0
	9a	Gross income from gaming activities.					
	İ	See Part IV, line 19 a	o				
	b	Less: direct expenses b	0				
	С	Net income or (loss) from gaming acti	vities 🕨	0	0	0	0
	10a	Gross sales of inventory, less					
		returns and allowances a	0				
	b	Less: cost of goods sold b	0				
		Net income or (loss) from sales of inve		0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a			0	0	0	0
	b	N/A		0	0	0	0
	С			0	0	0	0
	d	All other revenue		0	0	0	0
	е	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions	🕨	232,011	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons		in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				1
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	91,385	91,385		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	7 700	7 700		•
•	* · · · · <u> </u>	7,790	7,790	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include	<u>~</u>	· · · · · · · · · · · · · · · · · · ·		
•	section 401(k) and 403(b) employer contributions)	o	o	o	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	o	o	0	0
b	Legal [7,630	7,630	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	8,395	8,395	0	0
13	Office expenses	2,253	2,253	0	0
14	Information technology	0	0	0	
15 16	Royalties	27,060	27.060	0	0
17	Travel	20,748	20,748		0
18	Payments of travel or entertainment expenses	20,710	20,710		
	for any federal, state, or local public officials	0	o	o	0
19	Conferences, conventions, and meetings	11,909	11,909	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Orphans	10,400		0	0
b	Clinic	4,800		0	0
C	Non-employee Compensation	23,345	23,345	0	0
d	All other expanses. Miss Constal Expanse	3,635		0	0
e 25	All other expenses Misc General Expense Total functional expenses. Add lines 1 through 24e	219,350		0	0
26	Joint costs. Complete this line only if the	210,000	210,000		
20	organization reported in column (B) joint costs		,	ļ	
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 30.125 42,786 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets o Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 0 10c h Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 ol οł Total assets. Add lines 1 through 15 (must equal line 34) 30,125 42,786 0 17 0 18 ol Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. nί Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. 30,125 42,786 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . ol 30,125 42,786 Total liabilities and net assets/fund balances 30,125 42,786

Page	1	2
Page	1	4

Part	XI Reconciliation of Net Assets		_	
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		23:	, 2,011
2	Total expenses (must equal Part IX, column (A), line 25)		219	9,350
3	Revenue less expenses. Subtract line 2 from line 1		1:	2,661
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		3	0,125
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		4:	2,786
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other	_ '		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain i Schedule O.	n		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		1
Za h	Were the organization's financial statements audited by an independent accountant?			1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		 	_
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			1
	If the organization changed either its oversight process or selection process during the tax year, explain i			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer	re	1	
	issued on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1		l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth i	in		ĺ
	the Single Audit Act and OMB Circular A-133?	- 3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ie		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		For	m 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Open to Public

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection

OMB No 1545-0047

ame	of the organization							Employer id	dentification	number	
loli	ness Pilgrim Church	Inc							35-178	35546	
Pai	til Reason fo	or Public Char	rity Status (All orga	nizations	s must c	omplete	this par	rt.) See i	nstructio	ns.	
1 2 3 4	☐ A church, conv ☐ A school descri ☐ A hospital or a ☐ A medical rese	vention of church ribed in section cooperative hos	tion because it is: (Fo nes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches th Schedu tion desc	describe ule E.) cribed in s	ed in sec section 1	tion 170(170(b)(1)((b)(1)(A)(i (A)(iii).	-	iii). Enter the	
5	☐ An organizatio		he benefit of a collect	ge or univ	versity ov	vned or	operated	by a go	vernment	al unit describ	ed in
6 7	☐ A federal, state	e, or local govern on that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or from	the general p	oublic
8 9	An organization receipts from support from acquired by the	n that normally activities related gross investme e organization a	n section 170(b)(1)(A) receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	an 33 ¹ / ₃ % ions—sub lated bus ee sectio n	of its subject to obsiness tax n 509(a)(2	ipport fro certain ex kable inc 2). (Comp	ceptions come (les olete Par	s, and (2) ss section t III.)	no more n 511 ta	than 331/3%	of its
10 11	An organization	on organized an ne or more pub	operated exclusively d operated exclusive licly supported organ describes the type of s	ely for th	e benefit described	t of, to p	perform to on 509(a	the funct a)(1) or se	tions of, o	9(a)(2). See se	
_	other than fou or section 509	ndation manage (a)(2).	that the organization rs and other than one	e or more	ntrolled d publicly	irectly or supporte	indirectled organi	izations o	or more o described	in section 509	rsons 9(a)(1)
f	organization, o	ration received a written determination from the IRS that it is a Type I, Type II, or Type III supporting check this box				ig					
ç	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?										
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?					No						
ħ	(ii) A family mo	ember of a person trolled entity of	on described in (i) abo a person described in on about the supporte	ove? ı (i) or (ii) a	 above? .					11g(ii) 11g(iii)	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o	rganization	the organ	ou notify nization in of your port?	organiza (i) organi	Is the tion in col. ized in the S.?	(vii) Amount of support	of
				Yes	No	Yes	No	Yes	No		
A)											
B)											
C)										-	
D)											
E)											
	_										

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

2011 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Inspection **Employer identification number**

Holiness Pilgrim Church Inc Part I

35-1785546 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to

, Pal	Form 990, Part IV, line			ule Office States. Com	piete ii the organization ans	
1	For grantmakers. Does the assistance, the grantees' eli	igibility for th				
	grants or assistance?					☐Yes ☐No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni	toring the use of its gran	ts and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if additio	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America &Caribbean	0	0	program services	small business investme	2,590
(2)	Central America &Caribbean	0	0	program services	water purification syst	2,280
(3)	Central America &Caribbean	0	0	program services	care of orphans	10,400
(4)	Central America &Caribbean	0	0	program services	clinic	4,800
(5)	Central America &Caribbean	0	0	program services	ministerial assistance	36,660
(6)	Central America &Caribbean	0	o	program services	educational assistance	28,993
(7)	Central America &Caribbean	0	0	program services	conventions	10,410
(8)	Central America &Caribbean	0	O	program services	building/occupancy	11,360
(9)	Central America &Caribbean	0	0	program services	legal expenses	7,630
(10)	Central America &Caribbean	0	O	program services	travel expenses	6,945
(11)						
(12)						
(13)	Russia & Newly Ind States	0	0	program services	ministerial assistance	22,387
(14)	Russia & Newly Ind States	0	0	program services	Bible club	800
(15)	Russia & Newly Ind States	0	0	program services	youth camp	1,499
(16)	Russia & Newly Ind States	0	0	program services	weekly youth night	200
(17)						
3a						146,954
t	Total from continuation sheets to Part I	0	0			
C	Totals (add lines 3a and 3b)	0	0			146,954

Schedule F (Form 990) 2011 Part II Grants a Part IV, II	and Other A: line 15, for ar	Grants and Other Assistance to Organizations or E Part IV, line 15, for any recipient who received more the	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answere Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 box if no one recipient received more than \$5,000 box is not included in the content of	ies Outside the U \$5,000. Check this	Inited States. Cons box if no one rec	plete if the organ pient received mo	Page Page or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, a than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ [Page 2 s" to Form 990,
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(a) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(2)								
(4)								
(2)								
(9)								
(Z)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total nur by the IRS, or	mber of recipie for which the g	Enter total number of recipient organizations listed above that by the IRS, or for which the grantee or counsel has provided a		are recognized as charities by the section 501(c)(3) equivalency letter	are recognized as charities by the foreign country, recognized as tax-exempt section 501(c)(3) equivalency letter	try, recognized as t	ax-exempt	•
3 Enter total nur	mber of other o	Enter total number of other organizations or entities	ies				Sche	Schedule F (Förm 990) 2011

Page 3

Schedule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Small business investment	Cent Am & Caribbean		2,590	2,590 check			
(2) Water purification systems	Cent Am & Caribbean	3 systems	2,280 check	check			
(3) Care of orphans	Cent Am & Caribbean	30	10,400 check	check			
(4) Clinic	Cent Am & Caribbean	2,250	4,800	4,800 check			
(5) Ministerial assistance	Cent Am & Caribbean	56	36,660 check	check			
(6) Educational assistance	Cent Am & Caribbean	75	28,993 check	check			
(7) Conventions	Cent Am & Caribbean	785	10,410 check	check			
(8) Building/occupancy	Cent Am & Caribbean	5 projects	11,360 check	check			
(9) Legal expenses	Cent Am & Caribbean		7,630	7,630 check			
(10) Travel expenses	Cent Am & Caribbean	10	6,945 check	check			
(11)							
(12)							
(13) Ministerial assistance	Russia & Newly Ind St	2	22,387 check	check			
(14) Bible club	Russia & Newly Ind St	17-20	800	800 check			
(15) Youth camp	Russia & Newly Ind St	45	1,499 check	check			
(16) Weekly youth night	Russia & Newly Ind St	12-15	200	200 check			
(17)							
(18)		,					
						Sche	Schedule F (Form 990) 2011

Ps	ae	4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	, V No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		 ✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		☑ No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Holiness Pilgrim Church Inc	35-1785546
Part III Line 4d:	
\$ 8,395 Advertising and promotion	
1,153 Basic office expenses	
20,748 Vehicle, gasoline and air fare	
4,800 Clinic ministry for approximately 2,250 in Haiti	·
7,630 Legal expenses	
10,400 Daily food program for 30 orphans in Haiti	
11,360 Building projects, rents, and utilities in Haiti and Dominican Republic	
2,280 Purchase and installation of three water purification systems in Haiti and Dominican Republic	
2,590 Small business investment projects in Haiti and Dominican Republic	
1,110 Miscellaneous general expense	
23,345 Non-employee compensation	
7,790 Director's salary	
16,800 Director's rent and utilities	
Part VI Section A Line 2: The director, Stephen Gibson, and one board member, Keith Gibson, have a	family relationship.
Section A Line 5: It came to light that the Haitian director of our organization had been misapp	ropriating funds entrusted to him. As
this action occurred repeatedly over an extended period of time, exact amounts could not be determine	ned. That individual is no longer
affiliated with our organization. Legal proceedings to prevent him from gaining control of mission pro	perties are ongoing.
Section A Line 9: Stephen Gibson, 1771 S Butler, Indianapolis, IN 46203	
Section B Line 11b: No review was conducted	
Section C Line 19: No documents available to the public	